PTO/S8/06 (CIL-03) Approved for use through 7/31/2006, QMB 0651 -0232

	PA	TENT APPI	LICATIO	ON FEE DET	TERMINATIO	ON RECORD		Applic	ation or Pochel	Secondary or i. w
CLAIMS AS FILED - PART ( (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OTHER THAN SMALL ENTITY	
	FOR	MA	MBER FILE	O NO.	GER EXTRA	RATE	FEE	7	RATE	FEE
8	ASIC FEE 7 CFR 1.15(a))					1	1.	1		
T	TOTAL CLAMS					1	<del></del> -	- OA	<b> </b>	<del>  '</del>
	OFPENDENT CLAUS					<u>                                   </u>	<del></del>	□ OR	x 1	
ρ	37 CFR 1.15(b)) minus 3 *. *					X3		OR.	xs	
4	ATPLE DEPEND	ENT CLAM PRES	ENT	Q7 CFR 1.15(4))		+:		OR		
•	the difference in	column 1 is less	ihen zora,	enter To in colum	n 2.	TOTAL		OR	TOTAL	
	C	CLAIMS AS AI	MENDE	D - PART #						
	. <del>.</del>	(Column 1)		(Calumn 2)	(Column 3)	SMALL	ENTITY	OR.		R THAN ENTITY
A LUNING A LUNING	9/3/04	CLADIS REMAINING AFTER AMENDMENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI
Ξ	Folial CO COTA LUISED	3	Minus	- 31	•	X S	1	1		FEE
Ž	Independent (QFR 1,19D)	1	Mins	1-14	· 11	**	<del> </del> -	OR	× 8	400
Š	4-5-1		1	<u> </u>	17	X 8	<u> </u>	OR	x 1 86 -	377
_	FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 OFR 1.1468)					+5	1	ÓR	+5	
,	2/2/05	•	TOTAL ADD'L FEE		OR	TOTAL ADDL FEE				
-	<u> </u>	(Column 1)		(Catumn 2)	(Column 3)					
ב כ		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total prominical	31	Micus	-31	' —	X 5 *		OR	x 5	i
į	(2) CFR 1.46pg	. 7	Minus	7	-	X 5 •		OR.	A1 -	
Ċ	FIRST PRESENT	ATION OF MULTON	LE DEPENO	ENT CLAM (37C	FR 1.16(d))	+5 .		QR.	+1 .	
·	101/11					TOTAL ADD'S FEE		OR	TOTAL ADD'L FEE	
2	<u> </u>	(Column 1)		(Column 2)	(Column 3)				`	•
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDL TIONAL FEE		RATE	ADDI- TIONAL
	Total (DFCFC1,160)	· 31	Michelle	31	- /	x \$	-FEE	OR	25 .	FEE /
	(A) CER 1,16(0.8)	:3	Minus	<b>"</b> 7	•	X.	/_	OR.	×4 •	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CPR 1.16(49)					+5 =	_/-	OR OR	+ ;	_/_
		during 1 is loss tha			<del>.                                      </del>	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	U

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1172 1

The "Highest Number Previously Pail Fe" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Pail Fe" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to file [and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is assignated to take 12 enterties to complete, including gathering, preparing, and automizing the complete depication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form strike rangestions for reducing this burden, should be sent to the Crief information Officer, U.S. Patient and Tredemork Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.